



Sen. William Delgado

**Filed: 5/17/2013**

09800SB1454sam006

LRB098 09389 KTG 46113 a

1 AMENDMENT TO SENATE BILL 1454

2 AMENDMENT NO. \_\_\_\_\_. Amend Senate Bill 1454, AS AMENDED,  
3 with reference to page and line numbers of Senate Amendment No.  
4 5, as follows:

5 on page 1, line 5, before "Section 5.", by inserting the  
6 following:

7 "Section 3. The Illinois Insurance Code is amended by  
8 adding Section 364.3 as follows:

9 (215 ILCS 5/364.3 new)

10 Sec. 364.3. Uniform prior authorization form; prescription  
11 benefits.

12 (a) Notwithstanding any other provision of law, on and  
13 after January 1, 2015, a health insurer that provides  
14 prescription drug benefits shall utilize and accept the prior  
15 authorization form developed pursuant to subsection (c) when

1 requiring prior authorization for prescription drug benefits.

2 (b) If a health insurer fails to utilize or accept the  
3 prior authorization form, or fails to respond within 2 business  
4 days upon receipt of a completed prior authorization request  
5 from a prescribing provider, pursuant to the submission of the  
6 prior authorization form developed as described in subsection  
7 (c), the prior authorization request shall be deemed to have  
8 been granted.

9 (c) On or before July 1, 2014, the Department and the  
10 Department of Healthcare and Family Services shall jointly  
11 develop a uniform prior authorization form. Notwithstanding  
12 any other provision of law, on and after January 1, 2015, or 6  
13 months after the form is developed, whichever is later, every  
14 prescribing provider may use that uniform prior authorization  
15 form to request prior authorization for coverage of  
16 prescription drug benefits and every health insurer shall  
17 accept that form as sufficient to request prior authorization  
18 for prescription drug benefits.

19 (d) The prior authorization form developed pursuant to  
20 subsection (c) shall meet the following criteria:

21 (1) The form shall not exceed 2 pages.

22 (2) The form shall be made electronically available by  
23 the Department and the health insurer.

24 (3) The completed form may also be electronically  
25 submitted from the prescribing provider to the health  
26 insurer.

1           (4) The Department and the Department of Healthcare and  
2           Family Services shall develop the form with input from  
3           interested parties from at least one public meeting.

4           (5) The Department and the Department of Healthcare and  
5           Family Services, in development of the standardized form,  
6           shall take into consideration the following:

7                   (A) Existing prior authorization forms established  
8                   by the federal Centers for Medicare and Medicaid  
9                   Services and the Department of Healthcare and Family  
10                   Services.

11                   (B) National standards pertaining to electronic  
12                   prior authorization.

13           (e) For purposes of this Section, "prescribing provider"  
14           includes a provider authorized to write a prescription, as  
15           described in subsection (e) of Section 3 of the Pharmacy  
16           Practice Act, to treat a medical condition of an insured."; and

17 on page 2, immediately below line 16, by inserting the  
18 following:

19           "Section 9. The Illinois Public Aid Code is amended by  
20 adding Section 5-5.12b as follows:

21           (305 ILCS 5/5-5.12b new)

22           Sec. 5-5.12b. Uniform prior authorization form;  
23           prescription benefits.

1       (a) Notwithstanding any other provision of law, on and  
2 after January 1, 2015, a health care service plan that provides  
3 prescription drug benefits shall utilize and accept the prior  
4 authorization form developed pursuant to subsection (c) when  
5 requiring prior authorization for prescription drug benefits.  
6 This Section does not apply in the event that a physician or  
7 physician group has been delegated the financial risk for  
8 prescription drugs by a health care service plan and does not  
9 use a prior authorization process. This Section does not apply  
10 to a health care service plan, or to its affiliated providers,  
11 if the health care service plan owns and operates its  
12 pharmacies and does not use a prior authorization process for  
13 prescription drugs.

14       (b) If a health care service plan fails to utilize or  
15 accept the prior authorization form, or fails to respond within  
16 2 business days upon receipt of a completed prior authorization  
17 request from a prescribing provider, pursuant to the submission  
18 of the prior authorization form developed as described in  
19 subsection (c), the prior authorization request shall be deemed  
20 to have been granted.

21       (c) On or before July 1, 2014, the Department and the  
22 Department of Insurance shall jointly develop a uniform prior  
23 authorization form. Notwithstanding any other provision of  
24 law, on and after January 1, 2015, or 6 months after the form  
25 is developed, whichever is later, every prescribing provider  
26 may use that uniform prior authorization form to request prior

1 authorization for coverage of prescription drug benefits and  
2 every health care service plan shall accept that form as  
3 sufficient to request prior authorization for prescription  
4 drug benefits.

5 (d) The prior authorization form developed pursuant to  
6 subsection (c) shall meet the following criteria:

7 (1) The form shall not exceed 2 pages.

8 (2) The form shall be made electronically available by  
9 the Department and the health care service plan.

10 (3) The completed form may also be electronically  
11 submitted from the prescribing provider to the health care  
12 service plan.

13 (4) The Department and the Department of Insurance  
14 shall develop the form with input from interested parties  
15 from at least one public meeting.

16 (5) The Department and the Department of Insurance, in  
17 development of the standardized form, shall take into  
18 consideration the following:

19 (A) Existing prior authorization forms established  
20 by the federal Centers for Medicare and Medicaid  
21 Services and the Department.

22 (B) National standards pertaining to electronic  
23 prior authorization.

24 (e) For purposes of this Section, "prescribing provider"  
25 includes a provider authorized to write a prescription, as  
26 described in subsection (e) of Section 3 of the Pharmacy

1 Practice Act, to treat a medical condition of an enrollee.".